

Atty. Dkt. No. 038602/1140

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Klaus P. HIRTH

Title:

METHOD FOR MOLECULAR DIAGNOSIS OF TUMOR ANGIOGENESIS

AND METASTASIS

Prior Appl. No.: 09/336,650

Prior Appl. Filing Date: 06/18/1999

Examiner:

Unassigned

Art Unit:

Unassigned

CONTINUING PATENT APPLICATION TRANSMITTAL LETTER

Commissioner for Patents **Box PATENT APPLICATION** Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[X] Continuation [] Division [] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (30 pages).
- [X] Declaration and Power of Attorney (2 pages).
- Information Disclosure Statement and Form PTO-1449. [X]
- Preliminary Amendment (4 pages). [X]

The filing fee is calculated below:

Σ,

	Claims as Filed		Included in Basic Fee		Extra Claims	•	Pote		Fe
Basic Fee	as rileu		Dasic ree	,	Claims		Rate \$710.00		*710.00
Total Claims:	5	-	20	=	0	×	\$18.00	=	\$0.00
Independents:	1	-	3	_ =	0	- ×	\$80.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$270.00						=	\$0.00		
							SUBTOTAL:	=	\$710.00
[]	Small	Ent	ity Fees	Apply	/ (subtrac	ct ½	of above):	=	\$0.00
TOTAL FILING FEE:								=	\$710.00

- [X] A check in the amount of \$710.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 11, 2001

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